

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/581674

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5		2				
6		2				
7		4				
8		4				
9		4				
10		4				
11		4				
12	/					
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14	/					
15	/					
16		2				
17		2				
18		4				
19		4				
20		4				
21		4				
22		4				
23	/					
24	/					
25		2				
26		2				
27		2				
28		2				
29	/					
30		1				
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49						
50						
TOTAL IND.	11	↓		↓		↓
TOTAL DEP.	57	←		←		←
TOTAL CLAIMS	68					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						